# How To Avoid Complications From Sclerotherapy

Thursday, November 21, 2024 <u>SESSION 70-SUPERFICIAL VEIN TREATMENT STRATEGIES V</u> How To Avaid Complications from Scierotherapy 3:13 PM - 3:13 PM MD Jean-Luc GERARD Paris France

# Disclosure

None for this presentation

### COMPLICATIONS

Thrombosis

Necrosis

• Neurological complications

#### Thrombosis

The incidence of VTE : 0.51%: Open surgery : 0.54% Scierotherapy : 0.19% Endovenous laser therapy (EVLT): 0.47% Indence of deep vini thrombosis after varicose vein surgery 2000 Dec;91(12):1582-5, <u>k.dk.van.Bit</u>, : <u>f.Dat</u>,

Increase in the risk of DVT when ≥10 mL of foam was injected The incidence and characterization of deep vein thrombosis following ultrasound-guided foam scientherapy in 1000 legs with superficial venous reflux J Vac Surg Venous Lymphat Dior 2013 Section # Adviani,

#### Pharmacological thromboprophylaxis

#### Endovenous ablation

For high-risk patients undergoing we suggest pharmacological thromboprophylaxis. US guidelines

#### Sclerotherapy

Lowest rate of VTE(0,19%) Moreover it is not usual to do a thromboprophylaxis before or after

#### Doses and volume

Algorithm for treating saphenous vein with sclerotherapy

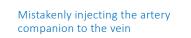
	Concentrations		
Vein size	Polidocanol foam	STS foam (Sodium tetradecyl sulfate)	
Ø < 3 mm	0.25%	0,2 %	
Ø < 4 mm	0.5%	0,2 to 0,5 %	
$\emptyset \ge 4$ and < 6 mm	1%	0,5 to 1%	
Ø ≥ 6 and < 8 mm	2%	1%	
Ø≥ 8 mm	3%	3%	

The maximum volume of foam per session is 10 mL

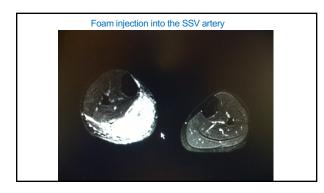
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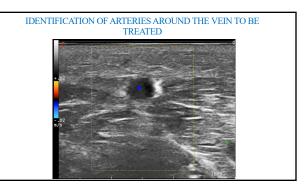
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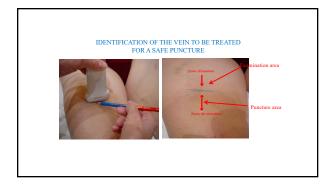
NECROSIS

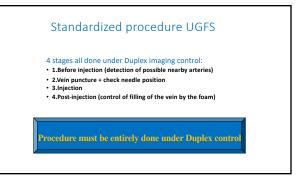










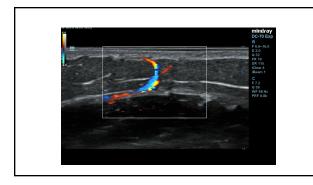


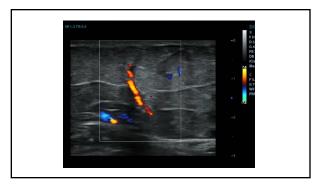


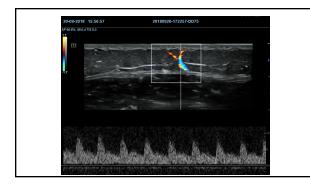












Neurological complications

Neurological complications of sclerotherapy for varicose veins Sarvananthan T, Shepherd AC, Willenberg T, Davies AH. J Vasc Surg. 2012

There were 12 case reports of CVA with confirmatory brain imaging and nine reports of TIA.

There were 97 (0.90%) reports of neurological events overall, including TIA, visual and speech disturbances, and 29 cases of reported migraine (0.27%).

Symptoms occurred at times ranging from minutes to several days following sclerotherapy.

## Analysis of adverse events with scierosants reported to the United States Food and Drug Administration Out of 3214 reactions Stroke 7 TIA 3 Stroke and TIA 0,01% Headaches : 34Visual disturbances 8 Migraine : 4 Headaches, Visual disturbances and migraines between 1% and 0,1% Risk factors for neurologic complications Righ-to-left shunts Historic of migaine Large volume of foam Use of physiological gas

LIMITS OF SCLEROTHERAPY	

Randomized clinical trial comparing surgery,endovenous laser ablation and ultrasound-guided foam sclerotherapy for				or
the treatment of great saphenous veins. MVenermo BJS August 2016 Patency of GSV at 1 year 214 patients were included (85 conventional surgery, 73 EVLA, 76 UGFS)				
Type of intervention	Occluded %	Partially open %	Open %	
SURG	97	3	0	
EVLA	97	0	3	
UGFS	51	29	19	

Randomized clinical trial comparing surgery, endovenous
laser ablation and ultrasound-guided foam sclerotherapy for
the treatment of great saphenous veins.
M.Venermo BJS August 2016

Patency of GSV at 1 year

UGFS	Occluded %	Partially open %	Open %
<6mm	≈75	≈8	≈17
6-8mm	≈50	≈35	≈15
≥9mm	≈37	≈30	*33

# RECANALISATION

Increased vein diameter was associated with recanalization.

### CONCLUSION

- Thrombosis : very rare incidence; inject appropriate concentrations of sclerosant considering the vein size, respect volume foam less 10 cc
- Necrosis: identify arteries by US , to inject in a safe zone
- Neurological complications : avoid treating patient with known patent foramen ovale, respect volume foam: less 10 cc foam
- Relapse Recurrence: 6mm could be the threshold for efficiency of foam sclerotherapy